IN AFFILIATION WITH
THE CANADIAN MEDICAL ASSOCIATION
THE BRITISH MEDICAL ASSOCIATION

ANNUAL MEETING
SEPTEMBER 7-8-9
FORT GARRY HOTEL
WINNIPEG

BULLETIN

of the

Manitoba Medical Association

August, 1933

VOL. XIII. No. 8

Manitoba Medical Association

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BULLETIN

of the

Manitoba Medical Association

AUGUST, 1933

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Editor—C. W. MacCHARLES Medical Historian—ROSS MITCHELL

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The Annual Meeting

To the Medical Profession of Manitoba:

On the following pages you will find the Programme of the Annual Meeting of the Association to be held September 7th, 8th and 9th, at the Fort Garry Hotel, Winnipeg. We have an exceptionally fine programme from every standpoint, and are certain that everyone who has the opportunity to attend will find it valuable and interesting.

Our meeting this year is to be held at the same time as the Joint Annual Convention of the Manitoba Hospital Association and the Canadian Hospital Council, and there will be many matters of interest in their meetings to the general practitioner.

We know that the Ladies' Committee is desirous to have you bring your wife to take part in the social functions, and we hope you will find it possible to do so. We would ask you to kindly point out to the ladies the invitation from the committee and the programme for those attending, which is also found in the following pages.

I wish to stress the importance of being present, and hope to have the pleasure of seeing you personally when you register.

Yours faithfully,

A. F. MENZIES,
President.

Annual Meeting
Manitoba Medical Association

September 7th, 8th and 9th
Fort Garry Hotel, Winnipeg

Programme

Wednesday, September 6th.

—The Retiring Executive will be the guests of Dr. A. F. Menzies, at dinner, at the Fort Garry Hotel, at 7.00 p.m.

Thursday, September 7th.

9.00 a.m.—Registration.

10.30 a.m.—Dr. J. L. Wiseman, Winnipeg:
"Medico-Chirurgical Aspects of Genito-Urinary Tuberculosis."

11.15 a.m.—Dr. Harry Medovy, Winnipeg:
"The Treatment of Diabetes Mellitus in Children" (with slides).

11.30 a.m.—Dr. A. Hollenberg, Winnipeg:
"Hyperinsulinism."

12.15 p.m.—Luncheon and Annual Meeting. Presidential Address.

2.30 p.m.—Dr. A. P. MacKinnon, Winnipeg:
"Fractures of the Femur."

3.00 p.m.—Dr. J. M. McEachern, Winnipeg:
Moving Picture Film dealing with the Disorders and Mechanisms of the Heart Beat.

3.45 p.m.—Dr. Roscoe R. Graham, Associate Professor of Surgery, University of Toronto:
"Surgical Therapy in Biliary Disease."

4.30 p.m.—Dr. J. C. Meakins, Professor of Medicine, McGill University, Montreal:
"Bronchiectasis and Its Treatment."

8.00 p.m.—Open Meeting of the College of Physicians and Surgeons.

Friday, September 8th.

9.00 a.m.—Symposium on Children — Child Health Preservation.

1. Dr. H. E. Popham, Winnipeg:
"Immunization."
2. Dr. O. J. Day, Winnipeg:
"Throat and Nose Conditions."
3. Dr. Gordon Chown, Winnipeg:
"Diet."

11.15 a.m.—Dr. A. Grant Fleming, Professor of Public Health and Preventive Medicine, McGill University, Montreal:
"Preventive Medicine in General Practice."

12.15 p.m.—Luncheon.
Dr. E. S. Moorhead, Winnipeg:
"Progress or Drift."

2.15 p.m.—Dr. J. C. Meakins, Montreal:
"Rheumatic Fever and Its Manifestations, Considered as a Specific Infectious Disease."

3.00 p.m.—Dr. A. K. Haywood, General Superintendent of the Vancouver General Hospital:
"The Open and Closed Hospital or Both."

3.45 p.m.—Dr. Roscoe R. Graham, Toronto:
"The Diagnosis and Management of Carcinoma of the Colon."

4.30 p.m.—Dr. W. F. Abbott, Winnipeg:
"Sterility in the Female."

7.00 p.m.—Joint Annual Dinner and Dance — Manitoba Medical Association and the Canadian Hospital Council.

Saturday, September 9th.

9 to 11.00 a.m.—Joint Meeting with Canadian Hospital Council.
Dr. A. K. Haywood, Vancouver:
"The Relationship between the Medical Profession and the Hospital from the Viewpoint of the Administrator."
Dr. J. D. Adamson, Winnipeg:
"The Relationship between the Medical Profession and the Hospital from the Viewpoint of the Staff Member."
Followed by round table discussion.

12.00 noon—Golf Tournament — Niakwa Country Club.

TO THOSE WISHING TO GOLF:—
We would ask you to kindly specify same when registering, so that lists can be turned over to the Convener, and foursomes and handicaps arranged.

* * * *

Ladies' Programme

Thursday, September 7th.

—Afternoon Tea at the Fort Garry Hotel, from 4.00 to 6.00 o'clock.

Friday, September 8th.

—The Wives of the Retiring Executive will be the guests of Mrs. A. F. Menzies at Luncheon, at the St. Charles Country Club, at 1.00 p.m.

Friday, September 8th.

—Annual Dinner and Dance, Fort Garry Hotel, at 7.00 p.m.

To the Ladies—

We earnestly hope that you will find it convenient to be present with your husband at the Annual Meeting, and that you will not fail to either register in person or have your husband register for you on the morning of the 7th. We are certain that you will spend a very enjoyable three days with us.

On the afternoon of the 7th we are having a tea at the hotel, from four to six, to which you are cordially invited. It is not necessary, of course, to mention the annual dinner and dance to be held on the 8th. This year it is to be a joint event with the Canadian Hospital Council, and is expected to be even more enjoyable than usual. Golf and motor drives will be arranged for those interested.

Be sure to come, for we know that the committee can fill every moment of your time.

Yours very sincerely,

MRS. A. F. MENZIES,
Convener of the Ladies' Committee.

The College of Physicians and Surgeons of Manitoba

The agenda for the open meeting of the College of Physicians and Surgeons to be held at the Fort Garry Hotel, Thursday, September 7th, at 8.00 p.m., is as follows:—

1. Discussion of report from the amalgamation committee.
2. Methods of nomination and election of members of the Council.
3. Recognition in the Province of Manitoba of midwives under the Vital Statistics Act.
4. Discussion on whether the government should remunerate practitioners for medical attendance to persons confined to any government institution.
5. Discussion of the qualifications and regulation of specialists.
6. Discussion of ways and means of improving the observance of medical ethics.
7. Any questions that may be brought before the meeting.

NOTE—We would ask any member who may have a subject which he would like to place before the meeting to kindly notify Dr. W. G. Campbell, Registrar, prev ›us to September 7th.

On the Organization of the Medical Profession

By F. D. McKENTY

IN the first article on this subject, which appeared in the June number, the argument was presented that organization of medicine in this province shows certain defects. These defects may be summarized as a lack of co-ordination. There is at present no centralized body with authority to act for the whole profession, and there are, on the other hand, a number of special medical bodies which have to deal with matters of vital interest to our profession as a whole, but which have no organic relation to each other or with any effective central body. The result is naturally an inco-ordination of policy and action, and a paresis of constructive effort, which eventually injures the interest of each individual member. The reproach of excessive and unsocial individualism, which is often levelled against the profession by its own members, is easily traceable to this. In order to improve this condition, a plan was outlined to form a centralizing body from the present executive of the Manitoba Medical Association by expanding its membership to include ex-officio the heads of the special independent organizations. It is admitted that this plan runs counter to a proposal which seeks to attain the same end by forming some degree of organic relationship or amalgamation between the Manitoba Medical Association and the College of Physicians and Surgeons.

It is because of certain serious difficulties in the way of the latter plan that the counter-proposal is offered. These difficulties arise from conflicting interpretations of the functions of the College of Physicians and Surgeons. For instance, the preamble to the report of the committee on amalgamation of the Manitoba Medical Association contains the following clause:—"in view of the undoubted desire of every member of the executive committee or council of these two bodies to so conduct business and formulate policies as to be wholly in the interest of the whole profession." From this it would seem to be assured that the purpose of the C. P. & S. is the advancement of the interest of the medical profession, and further reference of like nature in the body of the report (section 3) confirms this. A clear conception of the rôle of the C. P. & S. is essential to any plan for modifying its organization, and the above view is at least debatable. If it is not correct, the error would appear to be serious enough to render amalgamation impracticable.

An alternative view that may be proposed is that the C. P. & S. is a protective arm of the social body, and that its function is to guard society against incompetent or fraudulent practice of medicine, being in this analogous to other regulatory bodies with corresponding aims. The fact that its administration has been placed in the hands of the medical profession does not imply that its function is to promote their sectional interest, but that it is *representative* of the medical profession for purposes of administration only, and that its real function, that of insuring, as far as may be, safe medical practice, has been delegated to the medical profession to exercise in trust for the state. In a broad view, the C. P. & S. is not strictly a medical body at all, but an arm of government, whose function is to regulate medical practice of all kinds in the interests of the public. The M.M.A., on the other hand, has the frankly avowed aim of advancing, in every legitimate way, the interests of medicine as a sectional group. These two functions

cannot legitimately be exercised at the same time by one body. Public opinion will hardly endorse any such arrangement permanently. Ultimately one or other function must be relinquished by the amalgamated body. If the C. P. & S. is to retain its present function, the aim of the M.M.A. must be dropped. On the other hand, if the C. P. & S. is to be re-organized to assume the rôle of the M.M.A., the state may find it advisable to replace it by another body less favorably constituted. If the ultimate developments of such a move are deliberately considered, it appears likely to hasten the undesired change of medicine from a liberal profession into a state service.

There is a further criticism of the proposal of the committee. It is offered as a solution of the problem of unification of the profession, but it evidently does not achieve unification. Important branches of medical activity, such as the teaching body, the hospital groups, and perhaps also the nursing and dental professions, have no adequate representation.

As a substitute for the proposal for amalgamation, the following suggestions are offered:—

(*a*) That no change in the C. P. & S. be sought, other than to increase its efficiency by asking the legislature to more clearly define its function, improve the method of election and increase its powers of discipline. This last is urgently required for effective co-operation between the profession and the Workmen's Compensation Board.

(*b*) That another single body be formed, which will be representative of the medical profession in all its divisions, and which will have authority to speak and act for it as a unit.

The function of this body to be:—

(1) To represent the united medical profession in its relations with other organized social groups outside the medical profession, and to control all matters of external general policy.

(2) To support, advise upon, or restrain all action of the above nature by its subordinate organizations.

(3) To assist in maintaining equitable relations among its members, individual or organized, and to co-ordinate their activities.

(4) To pass upon and deal with matters of professional etiquette (as distinct from ethics, which belongs to the C. P. & S.).

As nothing but united moral support can make such functions acceptable, it seems essential that machinery of organization should be to the most feasible degree representative in character; that is, it should have representatives not only of the individual practitioners, but also of certain organized groups which have special responsibilities to the public and which must act as a unit (C. P. & S., Health Department, and Medical Faculty). At the same time, in order to make effective action possible, each member should be the authorized spokesman for the body he represents. This aim, as well as continuity of policy, would be favored by ex-officio representation from the constitutent organizations.

It would seem that these requirements might be met without great difficulty by changes in the constitution of the M.M.A. to authorize the formation of a body which might be called the advisory council of the M.M.A. The membership might have some such composition as the following:—

Officers (President and Secretary) of M.M.A.
Presidents of District Societies
Dean of Medical Faculty
President of C. P. & S.
Dept. Minister of Public Health
President of Dental Association
President of Nursing Association
President of Hospital Association
} Advisory only and not required to vote

The present organized medical staffs or groups associated with hospitals might be brought in as sections of their respective district societies.

It is admitted that such a sketch plan would need much study and revision, but there are certain arguments in its favor. It makes use of a tried and familiar organization, which needs only adaptation of its machinery to equip it for a natural extension of its function. The risks connected with radical or experimental changes would be reduced. The purpose of the organization would remain direct and simple, and those complications would be avoided which might result from undertaking to unite into one organization two bodies with different aims.

Medical Library of the University of Manitoba

A summary of the contents of some of the journals available for practitioners submitted by the Faculty of Medicine of the University of Manitoba. Compiled by T. E. Holland, B.Sc., M.D. (Man.), F.R.C.S. (Edin.).

THE PRACTITIONER, July, 1933.

This issue contains a number of good articles on "Infant Management."

"The Management of the Newly-Born,"
by Dame Louise McIlroy, D.B.E., M.R.C.P., F.C.O.G., Professor of Obstetrics and Gynæcology, University of London, Royal Free Hospital.

"The Management and Care of the Premature Infant,"
by R. C. Jewesbury, M.A., D.M., F.R.C.P., Physician in Charge, Children's Department, St. Thomas' Hospital.

—This article contains a picture of a healthy four-year-old child, who weighed 14 ounces at birth.

"Congenital Malformations,"
by Denis Browne, M.B., F.R.C.S., Surgeon, Hospital for Sick Children, Great Ormond Street.

—A critical survey of the subject, with caustic comments on many of the theories of origin and methods of treatment. Recommended treatment is not given in detail.

"The Feeding of the Newly-Born,"
by Bernard Myers, F.R.C.P., Physician, Royal Waterloo Hospital for Children and Women.

"Certain Infections and Disorders to Which the Newly-Born are Prone,"
by F. S. Langmead, F.R.C.P., Professor of Medicine, University of London.

"Jaundice in the Newly-Born,"
by A. C. Hampson, F.R.C.P., Asst. Physician to the Children's Dept., Guy's Hospital.

BRITISH MEDICAL JOURNAL, July 1st, 1933.

"Acute Psoas Abscess,"
by B. R. Sworn, M.B., F.R.C.S.

—Three cases are reported with clinical histories and signs on examinations. The condition is thought to be frequently overlooked and wrongly diagnosed. The condition may originate as a pyemic abscess commencing within the muscle sheathe. The treatment is aspiration, followed by adequate drainage if pyogenic organisms are found in the pus.

"A Case of Multiple Gastric Ulcers,"
by A. Wilfred Adams, M.S., F.R.C.S., Bristol Royal Infirmary.

—A report is given of a man aged 30, with the usual history of gastric ulcer. After a partial gastrectomy by the Polya method, the stomach was found to possess four ulcer craters and scars of two healed ulcers—all along the lesser curvature.

BRITISH MEDICAL JOURNAL, July 8th, 1933.

"The Treatment of Allergic Diseases in General Practice,"
by George W. Bray, M.B., M.R.C.P., Asthma Research Scholar, Hospital for Sick Children, Great Ormond Street.

—A complete article discussing the various manifestations of this important subject. Numerous therapeutic measures are given.

"Otorrhoea,"
by E. Watson-Williams, M.C., Ch.M., F.R.C.S., Surgeon-in-Charge, Ear, Nose and Throat Dept., Bristol Royal Infirmary.

—An excellent article, well illustrated with drawings, and describing treatment in detail. The advantages of the "Dry" method over the "Wet" method of treating Otitis Media are discussed.

BRITISH MEDICAL JOURNAL, July 15th, 1933.

The Alvarez Lecture on "The Unity of Gastric Disorders,"
by Arthur F. Hurst, M.A., M.D., F.R.C.P., Senior Physician, Guy's Hospital.

—Delivered before the American Gastro-Enterological Society at Washington, May, 1933.

—Main exciting causes of gastric disorders are discussed and prophylactic measures suggested. Dr. Hurst believes that Carcinoma never develops in a normal stomach, and earlier diagnosis and treatment of simple disorders will prevent its onset.

THE LANCET, July 15th, 1933.

"The Influence of the Endocrine System in Blood Disorders,"
by Douglas Hubble, M.D., London.

—The effects of the thyroid, adrenal cortex and anterior pituitary hormones on haemopoiesis are discussed.

THE NEW ENGLAND JOURNAL OF MEDICINE, July 27th, 1933.

"Ectopic Pregnancy,"
by John F. Curran, M.D., and Raymond H. Goodale, M.D., Worcester City Hospital, Worcester, Mass.

—An analysis of 108 cases, with a discussion of etiology, symptomatology, differential diagnosis and treatment. Mention is made of reported transplantation of a tubal pregnancy to the uterine enodometrium, resulting in development to maturity and birth of a normal child in a normal manner.

"Diverticulosis and Diverticulitis of the Colon,"
by S. Allen Wilkinson, M.D.

—A complete discussion of the subject, well illustrated with reproductions of X-ray films.

District Societies

A joint meeting of the North-Western and Brandon and District Medical Societies was held at Virden, August 16th. Dr. C. W. Burns, Winnipeg, gave a paper on "Duodenal Ulcer," the discussion of which was opened by Dr. L. J. Carter, Brandon, with films pertaining to the diagnosis of such from G.B. disease. Dr. H. O. McDiarmid, Brandon, also gave a paper on "Acute Ear Conditions in Children." A motion was passed regarding Dominion Council examinations in sections, and forwarded to the Manitoba Medical Association to be brought up at the annual meeting.

News Items

— of —

Department of Health and Public Welfare

CANCER

THERE is still a considerable difference of opinion as to the part which a Health Department should play in the control of Cancer. Discussion of this matter at the June meeting of the Dominion Council of Health resulted in the following resolution being passed:—

> **"BE IT RESOLVED THAT this Dominion Council of Health request the Canadian Medical Association to undertake an extensive educational programme through the Provincial Medical Associations and the Canadian Medical Association Journal, placing particular stress on early diagnosis and its importance."**

During the meeting tables were presented by the Dominion Statistician showing the Cancer condition in Canada at the present time, and the figures used in this article have been largely taken from these tables.

Cancer is the second greatest cause of death in Canada at the present time and is responsible for about 9 per cent. of the total annual deaths. Suggestions have been made that the rising cancer death rate is due to the increase in the average age, improvement in diagnosis, and death certificates, making the increase more apparent than real. Making due allowance for these factors, most authorities are of the opinion that in the rise of the cancer death rate to its present figure there is a real increase. This problem, which is increasing in magnitude, is of community interest and the control measures, which appear to be applicable, involve several factors calling for the co-operation of the members of the medical profession in every capacity.

Cancer accounted for 9,578 deaths in Canada during the year 1931, and it is generally conceded that this disease is showing a definite increase. The important place it occupies as a killing disease cannot be denied. Between the ages of 45 and 70 it is second only to heart disease. When the annual deaths are distributed in five-year age groups, Tuberculosis is the premier cause in each group from the age of 15 to 45. Between the ages of 35 and 45 Cancer is in third or fourth place, and after the age of 45 it divides first place with heart disease. Present indications point to the possibility of Cancer assuming the outstanding position in mortality tables after the age of 45 that Tuberculosis does before the age of 45.

Cancer is sometimes included among the notifiable diseases, as in Manitoba, and it now kills more people in this country than any other notifiable disease on the list, not excluding Tuberculosis. During the period 1921-1931 the deaths from Cancer in the registration area of Canada have increased from 75 to 96 per 100,000 population; being an increase of 21 deaths per 100,000.

Each province shows a definite increase, the figure varying from an increase of 11 deaths per 100,000 population—(87 to 98 in Prince Edward Island)—to an increase of 30 deaths—(74 to 104 in British Columbia). The Province of Quebec still continues to show the lowest Cancer mortality of all the eastern provinces, while Saskatchewan and Alberta have much the lowest rate in the Dominion, being 63 and 60 per 100,000 population respectively.

The difference in the crude death rate between the various provinces is not nearly so marked when the standardized death rates are applied, and was likely produced by a difference in the age distribution of the various populations.

DEATH RATE PER 100,000 POPULATION IN TEN CANADIAN CITIES

City	years 1910-1914	year 1931
Calgary	33.1	72.8
Halifax	100.9	119.8
Hamilton	65.8	113.8
Montreal	66.9	100.1
Ottawa	70.0	116.7
Quebec	57.9	93.4
Regina	49.6	90.2
Toronto	75.1	119.9
Vancouver	56.8	130.2
Winnipeg	47.9	96.0

The above table gives the mortality of Cancer in ten Canadian cities and indicates the increase they have experienced in the past twenty years.

In 1930 the male Cancer deaths totalled 4,467, and the female 4,806. The increase in the deaths appears to be progressing at about the same rate with both sexes, and in both sexes this increase is most marked in the advanced years. All specific death rates have increased and are higher in females for each age group from 30 to 69 years, and most decidedly higher in the age group from "40 to 49 years," being as much as double the male death rate in the corresponding age group. The age group "70 and over" shows a consistently higher death rate for males.

Buccal Cavity. There does not appear to be any definite trend in the prevalence of Cancer at this site as a cause of death. Canadian figures for a decade indicate that it is, roughly, seven times more frequent in males than in females. Cancer at this site accounts for about 4 per cent. of all Cancer deaths.

Stomach and Liver. Cancer, in this site, is being reported as a cause of death with greater frequency every year and in practically every instance occurs in the male sex more often than in the female. It accounts for, roughly, thirty-six per cent. of all Cancer deaths.

Peritoneum, Intestines and Rectum. There is a tendency to an increase in the incidence at these sites, which accounts for about 16 per cent. of all the reported Cancer deaths, and the two sexes appear to be about equally affected.

Female Genital Organs. The number of deaths from the disease affecting this site has shown a fairly steady increase. They make up about ten per cent. of all the deaths from Cancer.

Breast. Incidence at this site is confined almost exclusively to the female; however, during the ten-year period 1920-1930 a total of 59 male deaths were reported as having been due to Cancer of the Breast. This number is less than one-tenth of the number of deaths occurring from this cause among females in any single year. The reported frequency steadily increases and now accounts for about 9 per cent. of the annual Cancer deaths.

Skin. Deaths from Cancer in this location account for probably less than 3 per cent. of the total Cancer deaths. There is no particular tendency toward increase and the male sex predominates in the deaths reported.

Other and Unspecified Organs. The male deaths reported under this classification are practically twice the number of female deaths reported, and together make up about 21 per cent. of the total Cancer deaths.

To Summarize.

Cancer is the second largest single cause of death in Canada;

Cancer deaths increase year after year;

Cancer deaths per 100,000 population have increased nearly 30 per cent. in the past ten years;

Cancer deaths per 100,000 population, during the past ten years, have increased in each age group over and including the group 30-39 years;

Deaths from Cancer of the Buccal Cavity are seven times more frequent in males than in females;

Deaths from Cancer of the Buccal Cavity and Skin show little, if any definite trend, while other forms are on the increase;

Deaths from Cancer of the Stomach, Liver, Peritoneum, Intestines, and Rectum, account for over 50 per cent. of all the Cancer deaths.

Cancer deaths before the age of 45 are only about ten per cent. of the total Cancer deaths.

Doctor J. C. Bloodgood, in discussing Cancer Control, states:—"The outstanding fact regarding the people operated on for Cancer, whose histories are reported in the surgical pathological laboratories of Johns Hopkins University and Hospital, and who are alive and free from recurrence to-day, ten to thirty years after operation, is that they all had a well-trained family physician whom they consulted at intervals while they were well and always consulted at once when they were not well."

This statement goes a long way toward covering the ground of Cancer Control, but, of course, it does not say everything.

Dr. W. C. McCarthy of the Mayo Clinic, Rochester, in a recent report of 7,179 specimens, states:—"That 42 per cent. of the Cancers of the large bowel, 30 to 50 per cent. of the Cancers of the Breast, and .75 per cent. of the Gastric Cancers are inoperable and hopeless when first seen in our Clinic, and that not over 25 per cent. of the Gastric and Large Intestinal Cancers have been previously examined by X-ray. In fact 20 per cent. of our patients with Rectal, Recto-sigmoid and Sigmoid Cancers have been treated previously for hæmorrhoids, fissures, or irritable rectums within a few weeks before we had a chance to see them."

Doctor McCarthy considers that a Cancer less than 1 cm. in diameter might be looked upon as quite early. He then finds that 29 per cent. of mammary Cancers and 3 per cent. of Rectal Cancers are under the size of a twenty-five cent piece—(2.5cm.)—and he concludes from his observations covering the past fifteen years that there is no decrease in the size of Cancer when coming first under his observation.

On the other hand, the British Ministry of Health, in its report on 1,897 cases of incurable cancer, states:—"That 61 per cent. have had no previous treatment, that the mean interval between noticing the symptoms and applying for advice to a doctor was 3.4 months, and the comparatively short period which elapsed in many of the patients between noticing the symptoms and being considered too far advanced for radical treatment suggests that Cancer of certain sites progresses to a comparatively advanced stage before causing symptoms severe enough to drive the patient to seek medical aid."

Cancer Control in Manitoba. The Cancer situation in Manitoba has been tackled by a voluntary organization — The Cancer Relief and Research

Institute—which, while working in conjunction with the Provincial Board of Health, is an independent institution governing and financing itself.

This Institute had its origin in an attempt to obtain sufficient radium to make radium treatment of value, for the quantity of this element that a practitioner can afford is generally too small to be of any therapeutic use. There is now one gram in various forms available to all physicians who are familiar with its use. Cost charges for this material are made to patients who can afford to pay, while it is supplied free to indigents who at the present time consume about sixty (60%) per cent. of the supply.

In addition to radium supplies the Institute has organized tumor clinics in the two teaching hospitals of Greater Winnipeg; got over 26 physicians using radium for such cancers as are susceptible to this material and co-ordinated the deep X-ray treatments in such a manner that efficient treatment can be given wherever X-rays are available.

Having accomplished this the activities of the Institute are now being directed to cutting down the time interval between the onset and treatment of malignant tumors, securing new methods of diagnosis and keeping the newest forms of treatment available to all.

The organization, being of a voluntary nature, is forced to secure outside financial aid, and during the week of September 16th to 23rd, is putting on a drive in rural Manitoba with the dual hope of securing some financial return, and, impressing upon the public the necessity of seeking medical aid at the onset of the disease.

—C. R. D. AND T. A. MACD.

* * * *

COMMUNICABLE DISEASES REPORTED

Urban and Rural : July, 1933

Occurring in the Municipalities of:—

Whooping Cough: TOTAL 261—Winnipeg 195, St. Vital 25, Kildonan West 8, Springfield 8, Brandon 6, Victoria 5, Souris 4, Kildonan East 3, St. James 2, The Pas 2, Beausejour 1, Pilot Mound 1, St. Boniface 1.

Chickenpox: TOTAL 46 — Winnipeg 26, Brandon 6, Virden 5, Springfield 3, Ethelbert 2, The Pas 2, Ochre River 1, Winnipeg Beach 1.

Scarlet Fever: TOTAL 44—Winnipeg 18, Kildonan East 17, Gimli Rural 5, St. Vital 2, Emerson 1, Fort Garry 1.

Diphtheria: TOTAL 31—Winnipeg 22, Unorganized Territory 4, Rhineland 2, St. Clement 2, St. Vital 1.

Tuberculosis: TOTAL 17—Winnipeg 9, Stonewall 2, St. James 2, Unorganized Territory 2, Bifrost 1, Springfield 1.

Mumps: TOTAL 15—Winnipeg 7, Brandon 3, Daly 2, Hanover 1, Harrison 1, St. Boniface 1.

Typhoid Fever: TOTAL 11—Unorganized Territory 5, Winnipeg 2, Brandon 1, Kildonan West 1, Lansdowne 1, St. Andrews 1.

Influenza: TOTAL 10—Winnipeg 2, (delayed reports, April) Carman 1, Hanover 1, Minto 1, Mossey River 1, Souris 1, Stanley 1, Unorganized 1, Whitewater 1.

Measles: TOTAL 2—Louise 1, Winnipeg Beach 1.

Anterior Poliomyelitis: TOTAL 1—Winnipeg 1.

Cerebrospinal Meningitis: TOTAL 1—St. Vital 1.

Erysipelas: TOTAL 1—Winnipeg 1.

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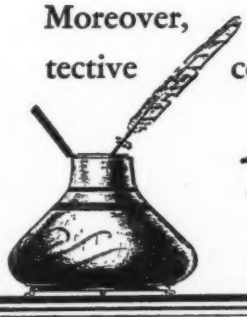

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ST. PIERRE - - - -	Monday and Tuesday, August 28th and 29th.
VITA - - - - - - -	Wednesday and Thursday, August 30th and 31st.
ST. LAURENT - - -	Monday afternoon, and Tuesday and Wednesday, September 18th, 19th and 20th.
ERIKSDALE - - - -	Thursday and Friday, September 21st and 22nd.

—Submitted by Dr. D. A. Stewart.

Western Canada Medical History

by Ross Mitchell

Dr. John McLoughlin

IN the previous issue we left off our narrative at that point when Dr. McLoughlin had gone to Oregon in 1824, nominally to be Chief Factor of the reconstituted Hudson's Bay Company, but in reality the uncrowned king of the Pacific Coast. Why his presence there at that time and for the next quarter century was of so great import in the history of Oregon and of his contact with the Red River settlement it will be our lot to show.

Spain, though her claim had been boldly challenged by Drake, had claimed the Pacific as her own and wished to make it a closed sea. Her missions extended northward along from Mexico throughout what is now California. Russia, through the discoveries of Bering, laid claim to Alaska. Captain Cook, in 1778, landed at Nootka Harbour on Vancouver Island, and then explored the coast northward and through Bering Strait until turned back by impenetrable ice. In April, 1792, Robert Gray of Boston discovered the mouth of the Columbia river just two weeks in advance of Capt. George Vancouver. On July 22, 1793, Alexander MacKenzie, then a partner in the North-West Campany, made his hazardous voyage by land from the Peace river to the Pacific at Lat. 52° 20′ 48″N. In 1803, by the Louisiana Purchase, the United States acquired a vast region, which certainly included the valleys of the Mississippi and the Missouri, from New Orleans to the Missouri, and might be claimed to extend from the headwaters of the Missouri to

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Gray's river, the Columbia. With this claim in view Lewis and Clark made their famous expedition from St. Louis in 1804, reached the mouth of the Columbia in November, 1805, and spent the winter there.

In June, 1808, Simon Fraser of the North-West Company discovered the river which bears his name and traced it to the sea. David Thompson, the explorer of the Canadian company, discovered the upper waters of the Columbia, travelled down it, and on July 15, 1811, came to its mouth only to find there the American post, Fort Astoria, named after the German American, John Jacob Astor, who had established the Pacific Fur Company in 1810. This was the fort celebrated by Washington Irving in his *"Astoria."* In 1813, during the war between the United States and Great Britain, Fort Astoria was sold by McDougall, the commander, to a party of Nor'-Westers, Alexander Henry (the younger), Donald McTavish and others who had gone overland, and by them it was re-named Fort George.

The Treaty of Ghent, which closed the War of 1812, made no mention of the boundaries of Oregon, but it provided that any territory captured by either nation in the war should be restored the original owner. The United States claimed sovereignty over Oregon, while Great Britain claimed that the taking over of Fort Astoria was not an act of war. In 1818 a provisional agreement was reached under which either nation might trade and establish settlements in the disputed territory. The loss of the American ship *Tonquin* and the more experienced methods of the British fur traders made it utterly impossible for Astor to prosecute the fur trade on the Pacific. It was at this juncture that McLoughlin arrived at the Pacific. Astoria or Fort George was too near the ocean he considered, since it could easily be reached by foreign ships whose captains were not averse to trading rum for furs, and accordingly he established his headquarters at Fort Vancouver, about sixty miles up the Columbia opposite the junction of the Willamette. Within the double palisade twenty feet high were the single-storey buildings of the establishment and in the centre the two-storyed "Big House," as the Indians always called the Governor's mansion. Here McLoughlin ruled as a benevolent despot with his Highland pipers ready to grace state occasions. From this centre the fur brigades under Peter Skene Ogden, Tom MacKay, or Alexander Ross, the sheriff and historian of the Red River, set out for their annual hunt in California, Nevada, Montana, Idaho, or New Caledonia, as British Columbia was then called. Each of these brigades might number as many as two hundred men. In addition to fur trading McLoughlin established farms and orchards to raise food for his men on the spot. Under his wise guidance the affairs of the Hudson's Bay Company on the Pacific Coast flourished. Sir George Simpson, the resident Governor of the Company, advised the London directors to purchase California from Spain, and also wished to negotiate with the Sandwich Islanders to build a fort in Hawaii, but the directors could not be convinced. Douglas, whom McLoughlin had trained and who later became Sir James Douglas, the first Lieutenant-Governor of British Columbia, wished to have the Company purchase Alaska, but again the opportunity was lost.

The first agricultural settlement in Oregon was founded by retired servants of the Hudson's Bay Company about 1829, but in 1834 the American, Jason Lee, founded the Methodist Mission in the Willamette Valley. Marcus Whitman, another missionary, was the first to cross the Rocky Mountains with a wagon, and following him came other settlers from the mid-western states. Most of these men, women and children, after their difficult and hazard journey through the mountains and in constant fear of hostile Indians, reached Fort Vancouver utterly exhausted and practically destitute. Here, then, came McLoughlin's choice. He knew that the coming of settlers

strengthened the claim of their country, but his conscience reminded him of the saying: "If thine enemy hunger, feed him," and heart triumphed over head. At the same time a man of his blood must be intensely British. In 1838 he travelled to London and at the meeting of the directors urged that a garrison of British soldiers be sent out and that the government should take control of Oregon to establish British rights, but his suggestions received little consideration. He also urged Red River settlers to take up land in Oregon. By 1843, however, American immigrants were pouring in. A word from McLoughlin would have set the Indians to exterminate them, but instead he protected the white men. Oregon territory became a burning political issue in the United States with the jingo cry of *"Fifty-four-forty or Fight,"* claiming the whole Pacific Coast to Alaska. The settlers established a provisional government in 1844 and urged McLoughlin to subscribe to it. His position was hard. In vain had he appealed to the British Government for protection and establishment of stable government, and with their failure to act he considered any government was preferable to a state of lawlessness. After much searching of heart and with many misgivings he finally assented to the provisional government and retired from the service of the Hudson's Bay Company in 1846. From that time until his death in 1857 he lived at Oregon City.

In their book on Sir James Douglas in the *"Makers of Canada"* series, R. H. Coats and R. E. Gosnell speak of Dr. McLoughlin as the founder and patriarch, the first great leader of the Company in Oregon. He made the career of Douglas, who was his friend and follower, possible. "The superior of his disciple in all that touched the human and the lovable; magnetic, impulsive, eager; Napoleonic in the swiftness of his judgments and of his movements to execute them; resolute, brave and chivalrous; McLoughlin was swept from his feet at the end by a movement that struck at his emotions and his sense of right — the right of the mass as opposed to that of the individual interest."

OBITUARY

DR. ANDREW V. SYKES, Winnipeg, was killed in a motor car collision on August 13th. Born at Masonville, Quebec, in 1897, the son of Rev. C. A. and Mrs. Sykes, he was educated at Harboro Collegiate, Toronto, served in France with the 7th Canadian Cavalry Field Ambulance from March, 1916, to May, 1919, and graduated in medicine from Toronto University in 1924. Shortly after graduation he went to Winnipeg, where he had an extensive practice. He was a member of the honorary attending staffs of the Children's Hospital and St. Boniface Hospital, and was a general favorite on account of his genial disposition. He is survived by his widow. Dr. A. W. Allum, who formerly practiced in Winnipeg, was an uncle of Dr. Sykes.

Clinical Meetings

At Brandon General Hospital—
2nd Wednesday at 12.30 p.m.

At Brandon Hospital for Mental Diseases—
Last Thursday. Supper at 6.30 p.m.
Clinical Session at 7.30 p.m.

At Children's Hospital—
1st Wednesday.
Luncheon at 12.30 noon.
Ward Rounds 11.30 a.m. each Thursday.

At Grace Hospital—
3rd Tuesday.
Luncheon at 12.30 p.m.
Discussion of Obstetrical Cases will form a large part of the clinical hour.

At Misericordia Hospital—
2nd Tuesday at 12.30 p.m.

At St. Boniface Hospital—
2nd and 4th Thursdays.
Luncheon at 12.30. Meeting at 1.00 p.m.
Ward Rounds 11.00 a.m. each Tuesday.

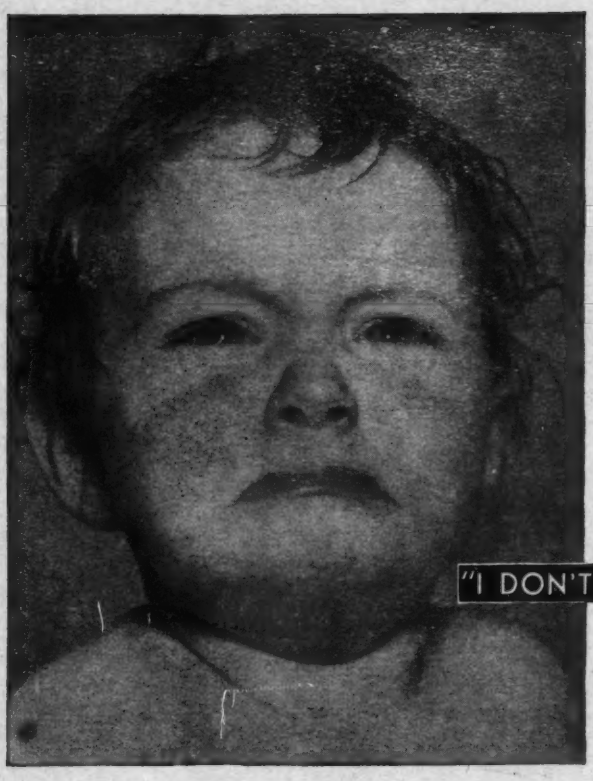
At St. Joseph's Hospital—
4th Tuesday.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.

At Victoria Hospital—
4th Friday.
Luncheon at 12.00. Meeting at 1.00 p.m.

At Winnipeg General Hospital—
1st and 3rd Thursdays.
Luncheon at 12.30. Clinical Session 1.00 to 2.00 p.m.
Ward Rounds 10.00 a.m. each Thursday.
Pathological Conference at Medical College at 9.00 a.m. Saturday during college term.

Winnipeg Medical Society—
3rd Friday, Medical College, at 8.15 p.m.
Session: September to May.

Eye, Ear, Nose and Throat Section—
1st Monday at 8.15 p.m., at 101 Medical Arts Building.



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1-3 *Bibliography on request.*

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